

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26876

1. PLACE OF DEATH

54 County Lafayette
9 Township Jefferson
3 City Hawley (No.)

Registration District No. 463-
Primary Registration District No. 4278

File No.
Registered No. 11
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1850
7. AGE YEARS 83 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Co. Va.

13. NAME no history
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME no history
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Geo Bell
Corder Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawley Mo DATE Aug 16th 1933

19. UNDERTAKER (ADDRESS) Willis Funeral Home
Hawley + Carrollton Mo

20. FILED Aug 16 1933 Spec B. Hutchinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933, to Aug 15th 1933
I last saw her alive on Aug 12th 1933. Death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchus) Date of onset 8-10-33
apoplexy 8-1-33
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo A. Kelling M. D.
(Address) Hawley Mo

SEP 26 1933

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